

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Anneverna
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 February 2026
Centre ID:	OSV-0007837
Fieldwork ID:	MON-0041240

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Anneverna is a full-time residential service for up to four adults with intellectual disabilities. Anneverna is located in Co. Louth. The centre comprises four bedrooms, one with an ensuite, a large kitchen with a living and dining area, and a separate sitting room; there is also a large secure garden to the front and rear of the centre. The centre is near a large town where residents can be supported to access amenities. The centre is nurse-led, with a staff nurse present on a twenty-four-hour basis; the team comprises staff nurses, care assistants and a healthcare assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 February 2026	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to monitor compliance with the regulations and standards and to help inform the decision regarding the centre's ongoing registration. The inspection findings were positive, with all areas reviewed found to be compliant. Residents receive support with daily living activities, social engagement, healthcare needs, and community participation.

The service was previously inspected in March 2025, during which an area requiring improvement was identified. The appraisal of information during this inspection showed that these matters had been addressed prior to the inspection, demonstrating that the provider had responded appropriately to the identified actions.

The inspection found that residents were receiving a good standard of care and support. Residents had varying levels of need, with some requiring limited assistance and others requiring full support. The management team reported that the mix of residents worked well and that residents appeared to enjoy each other's company.

During the inspection, the inspector briefly spoke with one resident and greeted the other three residents, who were non-verbal. The first resident engaged in conversation in the morning and again in the afternoon, speaking about their day service programme and a radio show they were participating in. The other residents spent time in the kitchen–dining area, which served as the hub of the home. They appeared to enjoy the activity in this space, where music was playing and positive, caring interactions between staff and residents were observed.

A review of information, including the annual review and residents' individual personal plans, showed that each resident was supported to engage in a range of activities outside the home. Some residents had participated in overnight stays and attended concerts, sporting events, and musicals. Where possible, residents chose their own activities; in other cases, staff identified activities they felt residents would enjoy. There were recent examples of setting social goals and taking steps to achieve them.

A review of a sample of residents' individual personal plans found that their health and social care needs were being met. There was evidence of involvement from the provider's multidisciplinary team and other allied health professionals. At the time of the inspection, some residents were experiencing changes in presentation, and there was clear evidence that the staff team and provider were responding appropriately. For example, concerns about a decline in one resident's mobility prompted a physiotherapy assessment, which was carried out during the inspection.

The inspector also reviewed the 2025 annual review. As part of the process, feedback from residents' representatives was sought. Three feedback forms had been completed, and all provided positive comments about the service and the care being delivered to residents.

The residents' home had a relaxed and welcoming atmosphere. It was well-maintained and had been adapted to meet both the current and anticipated mobility needs of residents. Each resident had their own bedroom, decorated to their personal taste.

In summary, the inspection found that the service was fully compliant with the regulations reviewed. Residents received care that was tailored to their needs and support. Improvements identified during the previous inspection had also been effectively addressed.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding insurance, property, staffing, and staff training. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support their care of residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

The inspector found that the provider had ensured staffing arrangements were appropriate, ensuring residents received appropriate care and support. The service was nurse-led, meaning a nurse was on duty both day and night. The general shift pattern was one staff nurse on duty during the day who was supported in their

duties by two care assistants. At night time, one staff nurse completes a live night shift.

The inspector reviewed the current roster and rosters from two weeks in November 2025. This review confirmed that safe staffing levels were maintained, the skill mix of staff on shift aligned with the service's statement of purpose, and there was a stable staff team in place, which contributed to good continuity of care for the residents.

During the inspection, staff were observed interacting with residents in a caring and respectful manner, and the residents appeared to enjoy these interactions.

In summary, the inspector found that the provider ensured that staffing arrangements were appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that staff had access to and completed training relevant to their roles and the needs of the residents.

Training completed by staff included:

- fire safety
- safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control (IPC)
- Children First
- safe administration of medication
- basic life support
- epilepsy and buccal midazolam (emergency rescue medication)
- positive behaviour support
- human rights.

The review of records demonstrated that staff had received appropriate training, which guided the care and support delivered to residents. The inspector also found examples where training was due to expire, and refresher training had been booked.

The inspector reviewed a sample of three staff members' supervision records. The inspector found that the staff were receiving regular supervision and that the services management team was taking steps to ensure appropriate performance management.

Judgment: Compliant

Regulation 22: Insurance

As part of the inspection preparation, the inspector reviewed documentation submitted by the provider. This included evidence that the provider had a suitable contract of insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements, which were found to be effective in ensuring that the service provided to residents was appropriate, safe, and responsive to their individual needs. There was clear evidence of structured oversight and accountability, with systems in place to monitor and improve the quality of care.

The inspector found that a schedule of audits was in place, with audits being completed by the services management team and by management from other services, as the provider had developed a peer audit system to promote learning.

The inspector reviewed the audits completed this year. These included:

- finance
- IPC
- hygiene
- fire safety
- medication management
- restrictive practice.

The inspector reviewed these and found that areas requiring improvement were being identified and addressed promptly. The inspector found that action plans were developed after audits and that the service's management and staff team were addressing the actions.

Throughout the inspection, the inspector found that information pertaining to the running of the service and related to the residents was under review. There were numerous examples of residents' information being updated, and there were also examples of actions being addressed, such as new furniture being sourced following an IPC audit and improvements being made to emergency lighting.

The provider had also ensured that the annual review of the service provided to residents for 2025 was completed. The inspector reviewed this and found it provided the reader with sufficient information about the service, governance and management arrangements, the care and support provided to residents, and

important milestones and activities the residents had achieved or engaged in over the previous year.

The provider had also ensured that the required unannounced visits to the service by a provider representative had been completed and that a report had been furnished following the visit. The report focused on the safety and quality of care and support provided to the residents and outlined a plan to address any concerns regarding the standard of care and support.

The inspector reviewed reports from the two most recent visits completed in March and September 2025. These reports identified high levels of compliance regarding the service the residents were receiving. One area identified as needing improvement was the support residents were receiving regarding their communication skills. The inspector found that this action had been addressed with the provider's speech and language therapist (SLT) completing communication assessments with all residents.

The inspector also reviewed the three most recent team meeting records. The inspector found that there was a focus on sharing information between management and the staff team, promoting potential learning from adverse events, reviewing activities residents had engaged in, discussing future goals, and discussing residents' presentations and upcoming appointments. These practices ensured that the staff team supporting the residents was well-informed.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

As per Schedule 1 of the regulations, the statement was updated when required, and a copy was available for review.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a good standard of care and support. Assessments of residents' needs had been completed, which informed the development of their care and support plans. The inspector reviewed samples of

these plans and found them to be well written and reflective of the residents' changing needs.

Key areas, including risk management, communication, general welfare and development, and the management of residents' personal possessions, were examined and found to be compliant with regulatory requirements.

In summary, residents appeared happy in their home, and the information reviewed indicated that they were engaging in activities they enjoyed.

Regulation 10: Communication

The inspector found that the provider had ensured that residents' communication needs were assessed by a SLT. Communication profiles had been developed for each resident. The inspector reviewed two of these profiles and found that they accurately captured the residents' communication skills, their individual communication needs, and the strategies staff should use when interacting with them.

Staff members were observed encouraging and communicating with residents in a manner that residents could understand. Non-verbal residents responded to staff through movement and body language, as well as by engaging with staff requests.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that systems were in place to support residents with the management of their finances, where required. Residents were receiving varying levels of support from staff. Residents had access to funds stored securely within the service.

The inspector reviewed information for two residents and found that financial passports had been completed. These documents captured each resident's understanding of their finances and identified areas where support was required. Daily finance checks were completed by staff members, and regular reviews were undertaken by the person in charge and the house manager. Quarterly finance audits were also conducted to ensure effective oversight.

The inspector reviewed the financial records for two residents and confirmed that the funds stored in the service matched the records. There was a system in place to ensure receipts were retained, providing transparency and accountability for expenditure. Residents had been supported in opening accounts in their own names,

and oversight mechanisms were in place to safeguard them from potential financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a wide range of meaningful activities. A review of person-centred plans and social goals showed that residents participated in community-based activities, including day programmes, concerts, sporting events, musicals, and overnight stays. Where possible, residents chose their own activities.

Staff proactively promoted residents' personal development. There were recent examples of social goals being identified and steps taken to achieve these, supporting residents' interests. One example of this was that a resident had been supported in opening a savings account to plan for future holidays. Another had purchased tickets to Ireland football matches, and another resident was being supported to go out for a drink and food in their local area.

Judgment: Compliant

Regulation 20: Information for residents

During the review of documentation, the inspector found that the provider had developed a residents' guide. The guide was reviewed and found to contain the required information as set out in the regulations. It accurately reflected the nature of the service being provided to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspection process identified that appropriate risk management arrangements were in place. Measures were in place for identifying, assessing, and managing all relevant risks.

The inspector reviewed two of the four residents' risk assessments and found that risks had been identified regarding environmental hazards, healthcare needs, and resident mobility needs. The inspector found that the control measures adopted were proportionate to the level of risk.

The inspector reviewed adverse incidents that had occurred in the service this year and throughout 2025. Many of the incidents related to slips, trips, or falls due to changes in residents' mobility, as well as some residents' movements in their bedrooms at night. The inspector found that falls risk assessments had been completed for the residents and that, where required, multidisciplinary team input had been sourced in the form of physiotherapy and occupational therapy. Mobility aids had also been added to the residents' homes, and other supports had been offered. One of the residents voiced that they did not want certain supports, and this was respected by the staff team.

The review of the provider's and staff team's response to risk found that their efforts were appropriate and that risk was being appropriately managed.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety measures in place and found that staff had received appropriate fire safety training. There was evidence that fire detection and firefighting equipment had been regularly serviced, ensuring that the systems remained in good working order.

Records and observations confirmed that both residents and staff could be safely evacuated during daytime and nighttime scenarios.

The inspector reviewed the four residents' personal emergency evacuation plans. The review found that the plans were accurate and provided the reader with the necessary information to safely evacuate the residents.

In conclusion, the inspector was satisfied that effective fire safety arrangements were in place and that the provider had taken appropriate measures to ensure the safety of residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the person in charge had ensured that suitable assessments of the resident's social and health needs were completed. The inspector reviewed two of the four residents' individual personal plans.

The inspector found that completing the assessments had led to the creation of care and support plans, as well as person-centred plans. The inspector reviewed samples

of these and found them well written and adequate to provide the reader with sufficient knowledge to support the residents.

As mentioned in the opening section of the report, the inspector found examples of the provider and the staff team responding to the changing needs of some of the residents. There were examples of staff members following up on appointments or scheduling appointments on behalf of residents to ensure that the prescribed care was appropriate to their current needs.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were being met. A review of two residents' individual personal plans showed that they had up-to-date healthcare assessments and care plans that accurately reflected their current health needs.

There was good access to multidisciplinary supports. Records demonstrated timely involvement from the provider's multidisciplinary team and a range of allied health professionals, including physiotherapy, general practitioner services, and nursing supports where required.

The provider and staff responded promptly to changes in residents' health. For example, concerns about a decline in one resident's mobility prompted a physiotherapy assessment. This assessment was completed during the inspection, demonstrating an appropriate and timely response.

Healthcare documentation was of good quality. The information reviewed was clear, current, and demonstrated regular review and updates in response to residents' changing needs.

In summary, residents were supported to maintain good health and well-being. There was evidence of ongoing monitoring, health screening, and the arrangement of follow-up appointments as required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector concluded, after reviewing information and making observations throughout the inspection, that residents' rights were being actively promoted and upheld by their support staff. Residents appeared comfortable in their home, and

the inspector noted that staff members interacted with them respectfully, addressing their communication needs.

There were instances of staff members advocating for residents, helping identify activities they might enjoy, and ensuring appropriate follow-up regarding their health needs.

As outlined under regulation 13, residents were supported in engaging in a variety of activities. Social goals had been established for each resident, and there was evidence that they were being assisted in achieving these goals.

In summary, the inspector found that the residents' rights were being upheld.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant